Monitoring Guide Update

The following document lists the changes made to the Guide. The overall changes are listed first. The significant changes, per Guide section, are listed second.

Overall Changes to the Guide

- All "notes," that were previously included in the element, have moved into the "methods of evaluation" for that element.

- Worksheet columns have been further defined to better depict their relationship to specific elements.

- References that have changed since November 1999 have been updated.

- In many places where specific time frames had been noted in the Guide, we changed the language to say that actions had to be taken "within time frames specified by HCFA" which reflects language used in the Final Rule.

Significant Changes in each Guide Section

Administration and Management

- Elements AM 10(s) and AM 10 (t) have been removed from the Guide since they are no longer applicable with the publishing of the Final Rule.

- The AM 10 a-x section (excluding s and t) have been rearranged to accurately reflect the changes that OPL 2000.077 (revised) have produced. (Because of MCIS concerns, they are not in alphabetical order.)

- A summary of the AM 10 elements and where they are found is provided in a table at the end of the section.

Equal Employment Opportunity

- No significant changes.

Fiscally Sound Operation/Beneficiary Protection-Financial

- No significant changes.

Incentive Arrangements

- No significant changes.

Marketing

- Elements MK 09 and 10 have been changed in accordance with Section 613 of BIPA which requires HCFA to complete marketing material reviews within 10 days of receipt where the M+CO uses model language.

- A note has been added to element MK 09 which states "M+COs are not required to submit marketing materials to HCFA that relate solely to employer group benefits"

Applications and Enrollment

- Element EN 01 has been changed in accordance with Section 620 of BIPA which permits ESRD beneficiaries whose enrollment in an M+C plan was terminated on or after December 31, 1998 to re-enroll into another M+C plan.

- A note has been added to the MOE for EN01 which states "If an M+CO chooses to offer the opportunity to enroll in the organization's M+C plan(s) to beneficiaries who were enrolled with the health plan prior to their Medicare eligibility and who live outside the M+C service area, the M+CO must offer this opportunity to all affected beneficiaries, including those with ESRD."

- Element EN 09 has been changed in accordance with the final rule to read "Enrollment is effective the first day of the following month for all enrollment periods, except for open enrollment periods (OEPs). For OEPs, if the election or change of election is made after the 10th day of the calendar month, the election is effective the first day of the second calendar month following the date the election or change of election is made."

- Element EN09 has been further changed in accordance with Section 619 of BIPA which specifies that effective June 1, 2001, enrollments during an OEP will all be effective for first day of the month after the month of receipt of the election form by the M+CO.

Membership

- No significant changes.

Disenrollment

- Element DS 01 has been changed in accordance with Section 619 of BIPA which specifies that effective June 1, 2001, disenrollments during an OEP will all be effective for first day of the month after the month of receipt of the disenrollment from by the M+CO.

- Element DS08 has been changed in accordance with the Final Rule which states that that a beneficiary who is absent from the service area for more than 6 months must be disenrolled from the M+CO. (Visitor/traveler programs cannot exceed 6 months.)

Claims Processing

- No significant changes.

Medicare Organization Determinations & Appeals

- Element AP 06 has been deleted since HCFA will not monitor for a notice of discharge being distributed after a discharge from inpatient hospital care since this will become a hospital responsibility to perform and it is to the M+CO's benefit to ensure that the notice is provided.

- Proposed element AP17 which requires notification of the enrollee at each patient encounter of the right to receive a detailed written notice regarding the enrollee's service will not be in this updated version of Guide since HCFA still has not issued guidance concerning this requirement.

- *Not a change but a point of clarification:* The heading of the 7th column in WS-AP1 refers to the requirement that an overturned decision must be effectuated within 30 days. Please realize that this means the overturned decision must be authorized or provided within 30 calendar days. Unless it is medically necessary, the appointment does not have to occur within 30 days.

Internal Grievance Process

- No significant changes.

QISMC Domain 1

- Element QI 10 has been deleted since it deals with both Medicare and Medicaid.

QISMC Domain 2

- No significant changes.

QISMC Domain 3

- Element QH06 has been changed to state that an M+CO makes a good faith effort to provide written notice of the termination of a contracted provider within at least 30 calendar days **before the termination effective date** to all enrollees who are patients seen on a regular basis by the provider whose contract is terminating irrespective or whether the termination was for cause or without cause.

QISMC Domain 4

- No significant changes.